PLEASE

VS A15

The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9402

### CERTIFICATE OF DEATH

04333 Reg. Dist. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Worces ler.	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Manyland County Works W.
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospitat, lostitution, or street address where death occurred:	
	Street No. (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, came war
3. (a) FULL NAME	
0 11111 2	3. (b) Social Security Number
Daniel Willo Jabcoc	le.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married,	20. DATE OF DEATH CAPIL 30 19 45 at 2:00PM
P(h) Name of huchand or wife name of Many Babcock.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(V) Marine of Dissourie of Miles	June 1 19.43 to light 40 19.45
7. Birth data of	11
deceased (mo., day, yr.) May 18 18 64	and that I last saw h Accelalive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
80 11 13hrsmin.	Coronary Ollusion Juddam
A 5.4 30 14	H ANDE TO SEE
9. Sirihpiaca (Town, county, and state)	Due to Termaloged Witheron Grand
10. Usual occupation The Deling and a deline	Due 10
11. Industry or business	098 10
12. Name Elithan Babwile 1. 4	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Eva Hartes.	Major findings of operations
15. Birthplace Dansville n. 9.	Date of og.
m. Mrs D. W. Baltarel	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Serlie onb.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof. (monch) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Over Guller	Where did injury occur?
Location (Serlin ma	Injured at home, farm, industry, public place (where?)
A. Buckeye	Means of tnjury Injured at work?
18. Funeral director.	401.
Address (Serley ond:	23 SIGRATURE A Meall
5-2. HS Molon F. Hayrian	M. D. or other
(Date rec'd by registrar)	Address Deslin, Md Date signed 5/2/45

1944

MAY 5 195 BUPPAUYS 1. PLACE OF DEATH:

PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 95-0

04334

### CERTIFICATE OF DEATH

	ACE. Diat. 140
	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
	City or fown (If outside city or town limits, write RURAL and give nearest town)
	Street No
1	(If rural, give LOCATION)
Ϊ	2 (a) It voteres some war

Size (It contribe city or town limits, write MURAL and give nearest town)  the long in above place of death?  Thought in hespital or leastlusten.  3. (a) FULL NAME  3. (b) Social Security Number  3. (c) If allow, give age.  4. See  5. Sole or race  6. (c) If allow, give age.  75. Eith dates.  8. AGE: Tears Meaths part of the solutions of the so	County Wordslin	(For newborn infants give residence of mother)
Cit of the control of co		State Maryland County Wocanter
the long in above piace of death?    Best	(If outside city or town limits, write RURAL and give nearest town)	( /2 ) (
Street 80. (If rural, give LOCATION)  Street 80. (If rural, give LOCATION)  3. (a) FULL NAME  3. (b) Social Security Number  4. Sex  5. Color or race  8. (c) Staine of husband or wife  1. Birth date of deceased (mo. day, rr.)  8. AGE: Vers Means  (Town, county, 68) staine)  10. Usual secupation  11. Industry a business  12. Name  13. Industry a business  14. Malden name  15. Birthplace  16. Malden name  17. Malden name  18. Introductory a business  19. Name  19. Malden name  19. Malden name  10. Introductory a business  11. Introductory a business  12. Name  13. Introductory a business  14. Malden name  15. Birthplace  16. Introductory a business  17. Malden name  18. Introductory a business  19. Name  19. Autopy results.  11. Introductory or common, or recovery, which in the following:  11. Introductory or common, or recovery, which in the following:  12. Common of the following:  13. Common of the following:  14. Malden name  15. Europeral directory  16. Common of the following:  17. Common of the following:  18. Funeral directory  19. Address  19. Malden S. 19. Signature  19. Sig		City or fown
Street Re.  (If Turnl, give LOCATION)  2.(a) If vetran, name var.  3. (b) Social Security Number  4. Sex  5. Solor or race  6.(a) Single, market, videred, or diverced  8.(b) Name of husband or wite  1. Birth date of deceased (mo. day, 17.3)  8. AGE: Vestra Membs  1. Birth date of deceased (mo. day, 17.3)  9. Birthplace  10. Usual occupation  11. Industry or business  12. Name  13. Birthplace  14. Malden name  15. Birthplace  16. Industry or business  17. Birthplace  18. Industry or business  19. Name  19. Malden name  10. Waval occupation  10. Usual occupation  10. Usual occupation  11. Industry or business  12. Name  13. Industry or business  14. Malden name  15. Birthplace  16. Birthplace  17. Birthplace  18. Instrument  19. Malden name  19. Malden name  10. Malden name  10. Malden name  11. Coundly, or country, (di) alored, or decided and business  11. Industry or business  12. Name  13. Sirkhplace  14. Malden name  15. Sirkhplace  16. Sirkhplace  17. Sirkhplace  18. Instrument  19. Malden name  19. Malden name  10. Oate of occupation  10. Oate of occupation  11. Industry or country  12. Country  13. Country  14. Malden name  15. Sirkhplace  16. Sirkhplace  17. Sirkhplace  18. Instrument  19. Malden name  19. Malden name  10. Oate of occupation  10. Oate of occupation  10. Oate of occupation  11. Industry  12. Country  13. Industry  14. Malden name  15. Date of occupation  16. Sirkhplace  17. Sirkhplace  18. Instrument  19. Malden name  10. Occupation  10. Occupation  10. Occupation  10. Occupation  10. Occu		(II outside city or town limits, write KUKAL and give nearest town)
Seve long in hospital or institution?   2.(a) If voltron, name var   3.(b) Social Security Number	inospital, institution, or street address where death occurred.	Street No.
3. (a) FULL NAME  4. Sex  S. Color or rece S. (a) Single, moles, vidence, or directed  MEDICAL CERTIFICATION  S. (b) Name of heaband or wife  S. (c) It alive, give age  Jean  S. AGE: Vears  Medicacaed (mo. day, rr.)  S. AGE: Vears  Medicacaed (mo. day, rr.)  Medic		
3. (a) FULL NAME  4. Sex  S. Color or rece S. (a) Single, moles, vidence, or directed  MEDICAL CERTIFICATION  S. (b) Name of heaband or wife  S. (c) It alive, give age  Jean  S. AGE: Vears  Medicacaed (mo. day, rr.)  S. AGE: Vears  Medicacaed (mo. day, rr.)  Medic	How long to hospital or Institution?	2.(a) If veteran, name war
4. Sex S. Color or race R. Coloringie, mighted, widowerd, or divorced Male Coloring Remover Re	2 (a) FILL NAME	
MEDICAL CERTIFICATION  6.(i) Name of hurband or wife  6.(ii) Name of hurband or wife  7. Sirth date of deceased (mo., day, yr.)  8. AGE: Vearz Months  9. Sirthplace (Town, county, day) steres)  10. Usual occupation  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Maiden name  18. Informant  19. Major findings of operations  Major findings of operations  Major findings of operations  Date of operations  PHYSICAL Please underline the cause to which death should be charged statistically.  PHYSICAL Please underline the cause to which death should be charged statistically.  PHYSICAL Please underline the cause to which death should be charged statistically.  To camelery or cremator, or removal, Which!)  Date thereof. (Injured at work?  Where did injury occur? (City or town)  (County) (State)  Injured at work?  Means of tajury  Injured at work?	3. (a) PULL NAME	3. (b) Social Security Number
MEDICAL CERTIFICATION  6.(i) Name of hurband or wife  6.(ii) Name of hurband or wife  7. Sirth date of deceased (mo., day, yr.)  8. AGE: Vearz Months  9. Sirthplace (Town, county, day) steres)  10. Usual occupation  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Maiden name  18. Informant  19. Major findings of operations  Major findings of operations  Major findings of operations  Date of operations  PHYSICAL Please underline the cause to which death should be charged statistically.  PHYSICAL Please underline the cause to which death should be charged statistically.  PHYSICAL Please underline the cause to which death should be charged statistically.  To camelery or cremator, or removal, Which!)  Date thereof. (Injured at work?  Where did injury occur? (City or town)  (County) (State)  Injured at work?  Means of tajury  Injured at work?	Lesery Farr	
MEDICAL CERTIFICATION  6.(i) Name of hurband or wife  6.(ii) Name of hurband or wife  7. Sirth date of deceased (mo., day, yr.)  8. AGE: Vearz Months  9. Sirthplace (Town, county, day) steres)  10. Usual occupation  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Maiden name  18. Informant  19. Major findings of operations  Major findings of operations  Major findings of operations  Date of operations  PHYSICAL Please underline the cause to which death should be charged statistically.  PHYSICAL Please underline the cause to which death should be charged statistically.  PHYSICAL Please underline the cause to which death should be charged statistically.  To camelery or cremator, or removal, Which!)  Date thereof. (Injured at work?  Where did injury occur? (City or town)  (County) (State)  Injured at work?  Means of tajury  Injured at work?	A Sor 15 Color of roce 1 6 (g) Single method widowed or diversed	
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1. Birtholace   Second of the state of deceased (mo., day, yr.)   Second of deceased		20. OATE OF DEATH 19 7 at 7
1. Birtholace   Second of the state of deceased (mo., day, yr.)   Second of deceased	S (b) Name of husband or wife	21. 1 CERTIEY, that death occurred on the date shore stated; that attended deceased from
T. Birth date of deceased (mo. day, yr.)  8. AGE: Years Months Days It less than one day  19. Birthplace Town, county, (b) a teric)  10. Usual occupation  11. Industry or business  12. Name Diher conditions  15. Birthplace  16. Information  17. Birthplace  18. Information  19. Date thereof. (month) (dip) (year)  19. Cemetery or crematory. (State)  10. Usual occupation  10. Usual occupation  11. Education or removed. (Whichi?)  12. Ware Diher conditions  13. Birthplace  14. Maiden name. (Include pregnancy within 8 months of death)  15. Birthplace  16. Information  17. Cemetery or crematory. (State)  18. Funeral director (City or town)  19. Country (City or town)  19.	G.(V) Name of masyana of which	
Immediate yause of death   OURATION		
S. AGE: Years   Months   Days   If less than one day		and that I last saw harmalive on 19
9. Birthplace (Town, county, 69) state) 10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant  Adjress Ord Ault  17. (Darial, cremation, or removal, Which?)  18. Funeral director  19. Cemetery or crematory.  19. Location  19. Funeral director  Address  19. Algebraich (County)  10. Usual occupation.  Due to.  (Include pregnancy within 9 months of death)  Major Endings of operations.  (Include pregnancy within 9 months of death)  Major Endings of operations.  (Include pregnancy within 9 months of death)  Major Endings of operations.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did Injury occur?  (City or town)  (County)  (State)  Injured at work?  Manns of Injury  Injured at work?  Manns of Injury  Injured at work?		Immediate come of death
Birthplace  10. Usual occupation  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  Address VAD  Date thereof. (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homided.  Oate of  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?	8. AGE: Years Months Days tiless than one day	
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10. Usual occupation  11. Industry or business  12. Name		Rus to
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Dua to  11. Industry or business    12. Name	10 Hard wall grand	
11. Industry or business    12. Name	10. USD21 OCCUPATION	Dua to
Diher conditions  12. Name  13. Birthplace  14. Maiden name  (include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Cemetery or crematory.  Cemetery or crematory.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Oate of  Where did Injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury  Injured at work?  M. D. or other		7/
14. Malden name  15. Birthplace  16. Informant  Address Location  Oate thereof. (Jay) (year)  Cemetery or crematory  Location  18. Funerai director  Address  19.	× 1/1/	
14. Malden name  15. Birthplace  16. Informant  Address Location  Oate thereof. (Jay) (year)  Cemetery or crematory  Location  18. Funerai director  Address  19.	E 12. Rame	Diher conditions
14. Malden name  15. Birthplace  16. Informant  Address 1000 Major findings of operations.  17. Burland, cremation, or removal. Which?  Cemetery or crematory.  Location  18. Funeral director  Address  19. Altops presults  (City or town)  (County)  (County)  (County)  (County)  (County)  (County)  Major findings of operations.  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  (County)  (County)  (State)  Injured at work?  Means of injury  Injured at work?  19. Address  23. SIENATURE  M. D. or other	≦ 13. Birthplace	
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Address vary which and the cause to which death should be charged statistically.  Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide.  Cemetery or crematory.  Control of the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State) Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  Address  23. Signature  23. Signature  M. D. or other	E 14. Malden name	Major findings of operations
Address vary which and the cause to which death should be charged statistically.  Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide.  Cemetery or crematory.  Control of the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State) Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  Address  23. Signature  23. Signature  M. D. or other	15. Birtholace	trajor namete of obcienos
PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	The still state of	Date of op.
Address  17. (Burial, cremation, or removal. Which?)  Cemetery or crematory  Location  18. Funeral director  Address  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  (County)  (State)  Injured at work?  Means of injury  Injured at work?  19. Accident, suicide, or homicide.  (City or town)  (County)  (State)  Injured at work?	16. Informant	Autopsy results.
Cemetery or crematory  Location  18. Funeral director  Address  19. Accident, suicide, or homicide  Oate thereof  (month) (day) (year)  (month) (day) (year)  (month) (day) (year)  (month) (day) (year)  (where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  Address  23. SIENATURE  A. C. Ident, suicide, or homicide  Oate of  Where did injury occur?  (City or town) (County) (State)  Injured at work?	Tentas 1 11 Beach 1 Land	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Cemetery or crematory  Location  18. Funeral director  Address  19. Accident, suicide, or homicide  Oate thereof  (month) (day) (year)  (month) (day) (year)  (month) (day) (year)  (month) (day) (year)  (where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  Address  23. SIENATURE  A. C. Ident, suicide, or homicide  Oate of  Where did injury occur?  (City or town) (County) (State)  Injured at work?	Address for the first of the fi	22 VIOLENCE: If death was due to extend agree dill to the following.
(Burial, cremation, or removal. Which?)  Cemetery or crematory.  Location.  18. Funeral director.  Address  19. Address  1	17 Decreas Rate therest ( Lail 5-1945	22. VIOLENCE: IT death was due to external causes, till in the following;
Cemetery or crematory	(Burial, cremation, or removal. Which?) (month) (day) (year)	
Injured at home, farm, industry, public place (where?)  18. Funeral director Address  Address  19. Aktul 5 19. 45.  Annue Other 10 19. 10 19. 19. 19. 19. 19. 19. 19. 19. 19.	. 44 11. 21. 011	Where did labory occur?
Injured at home, farm, industry, public place (where?)  18. Funeral director Address  Address  19. Aktul 5 19. 45.  Annue Other 10 19. 10 19. 19. 19. 19. 19. 19. 19. 19. 19.	Cemetery or crematory	(City or town) (County) (State)
18. Funeral director Paragraph of the Company Means of Injury Injured at work?  Address 23/SIENATURE 23/SIENATURE M. D. or other M. Or other M. Or other M. D. or other M.	lacation of una locomotion	
18. Funeral director Address  Address  19. Aktul 5., 19. 45.  Anne Other 1.		
19. Aktel 5: 19 45 Anne Estheto Translation of the B. D. or other	18. Funeral director Marganetto Alle Jalan	means of thjury Injured at work?
19. Akrel 5, 18.45 Anne Esthete ( ) Estator ( ) In D. or other		
19. Aktel 5. 18 45 Anne Colhete Trans The M. D. or other	Address Caches Lette my	(1) // Jordon May
19. Comment of the state of the	01.0-1-1-1	23/SICNATURE
(Date/ree'd by registrar) Registrar   Address Date signed	18. Mkl S. 18 45 Mune Co Shele	Torong of a land in D. or other
	(Date/rec'd by registrar) Registrar	Address Date signed

RESERVED

APR 23 1945

BUREAU V.S.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

### 2411 N. Charles St., Baltimore 191-6

(14335) Reg. Dist. No. 355

1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How tong in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Stale County
How long in hospital or institution?	2.(a) If veteran, name war
Sarah M, Bassett.	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced    Ferrale   White   Turdious    6.(b) Name of husband or wife   Sassett.	MEDICAL CERTIFICATION  20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) October 4, 1854.	19
0. 1100	
90 6 18	Due When My ocardilos
10. Usual occupation	Due 10 My Myhritis
12. Name. William Hay.  13. Birthplace marsland.	Diher conditions
14. Malden name. Marie Collecti.  15. Birthplace Maryland.	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Mrs. Fred Blastings Address Berlin Mrd. R. F. D.	Autopsy results PHYSICIAN; Please auderline the cause to which death should be charged statistically.
17. Burial, bremation, or removal. Which?)  Bate [hereof 4/25/45] (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory. Culturally continued and continued	Where did injury occur?
Location Berlin, md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	De Di
H-252 HS Holou A. Norall	23. SBHATUHE CHOS / L. Jaw
(Date rec'd by registrar)	Address Dellin Met Dato signed Land 3-4

AFA 26 1945 BUREAU V.S.

### y every item of information carefully. The correct age write the causes of death clearly and legibly. PLAINLY, WITH UNFADING INK. See is especially important. Physicians: prease PLEASE WRITE

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
~~~~	State Md County Worlded
City or town (1f outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
nospilal, institution, of street address where death occurred;	Street No.
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME	
Granci's nonth Brittin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male while married.	20. DATE OF DEATH DAVID 16 145 et 6 A
6.(6) Name of husband or wife. Annie Brittingham	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
7. Birth date of deceased (mo., day, yr.)  Self. 21. 1885	and that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
60 1 25 min	
Ma I	- Vulliarary
9. Birthplace	Due to
1B. Usual occupation Larmer.	
11. Industry or business	Due to
	-
12. Name Most Britting have	Other conditions
	(include pregnancy within 8 months of death)
14. Maiden name Salul Officials  15. Birthplace Manyland	Major findings of operations.
≥ 15. Birthplace	- Date of op
18. Informant The Trulling	Autopsy results
Address (Serlin In).	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17. Burel Date thereot. 4/18/45	Accident, suicide, or homicide
(Buriaf, cremation, or removal, Which?) (mouth) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Service 123. D.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Anna Al Bushage	Means of Injury Injured at work?
Address Berlin and	Of RLinn
4-18 45 Holand Alama	3. SIGNATURE M. D. or other
19. 19. 19. Registrar	Address Berlin Med Date signed 4-17-4

RECEIVED

APR 24 1945

BUREAU V.S.

MARGIN RESERVED FOR BINDING

VS A15

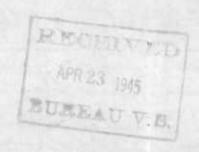
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57-6

04337 Reg. Diet. No. 350

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Workell		tia
City or town	State Mary County County	
1/3 2/	City or town (if outside city or town limits, write RURAL and give neare	at town)
How long in above place of death?	(Proutside city or town limits, write RORAL and give heate	BC COWING
Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Charles P. Coun	3. (b) Social Security No	amber
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white single	20. DATE DE DEATH	12300
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decease	ed from
		19
7. Birth date of deceased (mo., day, yr.) Upril 7. 1861	and that I last ban hante on	DURATION
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	DONATION
o. Aut.		12mk
84 0, 6hrsmln.		
9. Birthplace	Due to.	<b></b>
(Town, county and state)	Caremone of Varion	
10. Usual occupation.	Due to	
11. Industry or business		+==+++++++++++++++++++++++++++++++++++
El 12 Home Calcules . Commile su	Other conditions	
12. Name Tolkstly Virginia  13. Birthplace Virginia		
	(Include pregnancy within 8 months of death)	
= 14. Malden name	Major findings of operations	
14. Malden name	Date of op.	
20 (1) 11 + 13 11 - 1	Autopsy results	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged s	tatistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Berral Date thereof Chill 13494	Accident, suicide, or homicide	*************
17		•9••••••
Cemetery or crematory	Where did injury occur?(City or town) (County)	(State)
Location Perconnection Trees	Injured at home, farm, industry, public place (where?)	
In the April of	Means of Injury Injured at work?	
18. Funeral director.	2	
Address Poteomoke md.	23_SIGNATURE	
16 111 15 15	M. D. o	projetion:
19. (Day ree'd by registrar) Registrar	Address Date eigned	1/14:65
(Dull 100 b) right		



1 PLACE OF DEATH

### VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 193-0

### CERTIFICATE OF DEATH

2 HISHAL DESIDENCE (HORNE) DE DECEASED.

County Worcester				(For newborn infants give residence of mother)		
			omoke City	State Maryland County Worcester		
City or town			AL and give nearest town)	DUDAT December 044		
How long in above place of death? 1 yr. 3 mo. 19 da.		. 19 da.	City or town			
Hospital, institution, or	street addross where d	eath occurred:		Street No. Rt. #2		
			***************************************	(If rural, give LOCATION)		
How long In hospital or	institution?			2.(a) If veteran, name war.		
3. (a) FULL NAMI	E			3. (b) Social Security Number		
		Emma	Dennis	St (o) Bostal Bostality 1.122301		
4. Sex	5. Golor or race		erried, widowed, or divorced	MEDICAL CERTIFICATION		
Waw - 7 a	C - 7 7	0.1		MEDICAL CERTIFICATION		
Female	Colored	) 5:	Lmgle	20. DATE OF DEATH. COLLEGE S 19 4 at S A. A.		
6.(b) Name of husband	or wife		***************************************	destify that death occurred on the day above styled; that latented deceases from		
		8 (0) 11	alive, give ageyears	19		
7. Birlh date of				ond that I last saw h. Co. aire C		
deceased (mo., day, y		ber 16	1 940	Jummediate cause of death		
o. AGE:			it tess than one hay			
1	3	-	hrsmln.	120 TO TE ASSIVE TO		
9. BirthpiaceRURA	I, Pocomol	ke-Word	ester-Maryla	The of care of the trucken tow		
	(Town, e	ounty, and state	)	Janenut,		
10. Usual occupation		***************	••••••••••••••••••••••••••••	Que to man feed in t		
11. Industry or business	3			gelling charkes 9		
12. Name	Phillip	De nnis	3	Other conditions		
12. Name			Md Rt. 2 #	Site Conditions		
<b>E</b>	Josephi			(Include pregnancy within 3 months of death)		
14. Maiden name 15. Birthplace				Major findings of operations.		
15. Birthplace			Md. Rt. 2 #	Date of op.		
15. Informant	Phillip	Dennis	3	Autopsy results. None 2miles		
Address	Pocomoke	e City	Md. Rt. 2 #	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
71241000	Burial			22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory St. James Cemetery			tery	Where did injury occur?		
Pocomoke City Md Pt 9 #						
				Injured at home, farm, Industry, public place (Where?)		
18. Funeral director. H. Harvey Bradshaw				Means of injury Injured at work?		
Address Pocomoke City, Maryland			Maryland	117 / 1000 ///		
01.0	1 1 -	1	3 n/ 1-A-	23. SIGNATURE M. D. or other		
19. Okrel	19 april 6 1945 anne Co. Staile			(f) 1 = 45 =/.		
(Daye ree d by reg	(spural)		Registrar	Address		

APR 23 1945 BULLEAU V.B.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-6-

FRTI	FICA	TE 6	OF I	DEA	TH

114339 Reg. Dist. No. 350

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County To accepte
City or town (If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death.  Hospital, Institution, or streef address where death occurred:	
	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Savannah O. Durk	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Stomale white widowed	20, DATE DE DEATH april 11 19 45 et 10 30 PM
Gleorge Durkami	21. I CERTIFY that death occurred on the date above stated, that I attended deceased from
6.(b) Name of husband or wife	1845 to Coff 1845
6.(c) If alive, give age years	and that I last saw h a alive on the think and the saw h a saw
7. Birth dafe of deceased (mo., day, yr.) January 16 - 1885	and that I lead only and a lead of the lea
8. AGE: Years   Months   Gays   If less than one day	
60 2 25hrsmin.	
Por mucho Thomastu Ford	Bur la
9. Birthplace	Oue to
10. Usual occupation	
	Oue to
11. Industry or business	
12. Name William Culture 13. Birthplace maryland	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Mary Fleshers Watson	Major findings of operations
15. Birthplace mareland	
To O' Observed	Antopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Pocomohe the med.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Buil Date thereof Office 15-1945	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	No. 75 co. 7 co. 1
Cemetery or crematory	Where did injury occur?
Location Rural Pocomola Clesson	Injured at home, farm, Industry, public place (where?)
44 - 4 - 4 - 1 - 1	Means of Injury Injured at work?
16. Funeral director Masgarelle Studies.	200-60
Address City May	as significant to the significan
16 1 11 1- 1- 1	23. SIGNATURE M. D
19, Afril 11, 19, 45	Andress Legh & Date signed 4-12-45

APR 23 1945 BUREAU V.B.

### VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47,2

### CERTIFICATE OF DEATH

(14341) Reg. Dist. No. 35/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County All Punt #	State MANY COUNTY MONCHASSA
(If outside city or town limits, write RUKAL and give nearest town)	1 (ht - 1 7/1/1 Run-1 4-1
How long In above place of death? 53 Stand	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James Ommes	212-16-1930
4. Sex 6. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Goldened Widowed	20. DATE DE DEATH 4 11 2 9 19 45 at 5 A M
8.(b) Name of husband or wife Gamila Commission	21. I CESTIFY that death occurred on the date above stated; that I attended deceased from
0.72 (5.4)	3/15/45 19 to 1/29/45 19
7. Birth date of May 20 1701	and that I last saw h and alive on 4 / 29 / 45
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
53 5 9min.	Cancer of flewra 3 mo
7 71.117.1. 6- 74.01	
9. Birthpiace Inon Hull Mouston My (Town, county, and state)	Due to
10. Usual occupation Jabry	
11. Industry or business Panning Trackery	Due to
12. Name Nakerakuraf	Dither conditions
13. Birthplace	
# 14. Maiden name Danhaussurf	(Include pregnancy within 8 months of death)
HIO W 15. Birthplace \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Major findings of operations.
18. Informant assistant to ships	PHYSICIAN: Please underlise the cause to which death should be charged statistically.
Address how Will, Mg Timal FF.	
17 Buil Date thereof May 1/45	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Byrial, cremation, or removal, Which?)  Oate thereoft.  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location AMASTAL SALAN SALAS	Injured at home, tarm, industry, public place (where?)
18. Funeral director Alanne - Dunnis	Means of Injury Injured at work?
Address Show Will Mil	V D (S) DUD
11/38 60 90 0 -100	23. SIGNATURE
(Date rec'd by registrar)	Address Date signed 7/30/45

RECEIVA MAY 3 1945 BUREAU V.S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

04341

Reg. Dist. No. 357

I. PLACE OF DEATH: MOLACITES TO	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State 24 MM MANA County MMCSAN
City or town. (If outside city or town limits, write RURAL and give nearest town)	State de dept de de de la constant d
How long in above place of death? 35 Slaats	(If outside city or town fimits, write RURAL and give nearest town)
Hospital, Institution, or street address where dearl occurred:	
7,	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Warence W. Harn	uon 218-10-0435
4. Sex   5. Cglor or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Calared Dinale	20. DATE OF BEATH CAMALL 11 19. 45 at 4:10/m
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	June 29 1944 10 appeil 11 1945
7. Birth date of 7. Sirth date of 7. Sir	and that I tast saw h Linn alive on Openil 10 18 455
deceased (mo., day, yr.) Llnl / - /89/	Immediate cause of Jeath DURATION
8. AGE: Years   Months   Days   If less than one day	acute Bulmovey Edoma I day
4/ 10 4	
Willoting Warniter Md	0 1: 0:0.0
9. Birthplace Mulliment (Town, country, and state)	Due to Cardiae failuit
10. Usuat occupation.	0 1 1 1 2
2 4	Due to Sy pulline Classifica
11. Industry or business Carry Tyclary	
12. Name MONUS / armond	Diher conditions duasarces
13. Birthplace Manyland	
14. Malden name Ollky Toyuley  15. Birthplace Mayland,	(Include pregnancy within 3 months of death)
15. Birthplace ) Mohuland	Major findings of operations.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Bate of op
16. Informant J. M. S. C. L. S	Antopsy results
Address & Show Nell Mg	
17 Survial Bate thereof april 151 45	22. VIOLENCE: If death was due to externat causes, fill in the following;
(Byrial, cremation, or reproval, Which?)	Accident, suicide, or homicide
Cemetery or crematory (U.O.D.I.M.M.M.M.M.)	Where did injury occur?
Location Middlessee Mg	Injured at home, farm, Industry, public place (where?)
Location full flyd blothed blothed by	
18. Funeral director Allande James	Means of Injury Injured Prork?
Address Snow Will Md	The Halles MAD
11/120 115 8 6	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar) Registrar	
(Date rec'd by registrar) Registrar	Address Signed Auch Date signed 4: 12: 42

REL APR 23 1945 BUREAU V.B.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

### 2411 N. Charles St., Baltimore 932

Reg. Dist. No. 350

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
Hm. Frank Hart	J. (O) Doctal Security Number
4. Sex   5. Color or race   6.(a)Single, married, wildowed, or divorced   Darried   B.(b) Name of husband or wife. Usual Harl	MEDICAL CERTIFICATION  2D. DATE DF DEATH
7. Birth date of	and that I last saw ham alive on The same and that I last saw ham alive on The same and the same alive on The same and the
deceased (mo., day, yr.)  8 A.C.F. Years   Months   Days   If less than one day	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day  Not know hot his min.	Angel Degree The
9. Birthplace (Laca (Town, county, and state)	Due fo.
10. Usual occupation Ja. Akanalr	Due to.
11. Industry or business	000 (L.
12. Name Than Start  13. Birthplace APPA. CO. 7/4	Other conditions.
	(Include pregnancy within 3 months of death)
14. Malden name Sarah Wilkerson  15. Birthplace acca. Co Va	Major findings of operations
≥ 15. Birthplace	Date of op.
18. Informant Man Ussaa tat	Antopsy results
Address (Burial, cremation, or removal, Which?)  Address (Burial, cremation, or removal, Which?)  Date thereof. 7. Mark. 1, 1945. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, flit in the following;  Accident, sutcide, or homicide
Cemetery or crematory This South	Where did injury occur?
Location Men Church Va	tnjured af home, farm, industry, public place (where?)
18. Funeral director on a Shields	Means of tnjury tnjured at work?
Address Devid Charala II.	20 Telans
May 15 15 15 The	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)  Registrar	Address the things of the storage 4-30-45

Miss Hamelt Horasil

RECEIVED
MAY 2 1945
BUREAU V.S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 997

### CERTIFICATE OF DEATH

04343

1. PLACE OF DEATH: County WORCZS LT.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)	,
City or lown (1f outside city or town limits, write RURAL and give nearest town)	State County	hapit o g co
How long in above place of death?	City or town	
Hospital, institution, or street address where death occurred:	Street No.	*****
How long in hospital or institution?	(If rnral, give LOCATION)	
3. (a) FULL NAME	3.(b) Social Security Number	
I paar J. Edening		
4. Sex 5. Color or race ( 6.(a) Sipple, married, widowed, or divorced married	MEDICAL CERTIFICATION  20, DATE OF DEATH Office 2 4.11.3.	• 15
6.(b) Name of husband or wife. Hesti Denry.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. 8irth date of		
deceased (mo., day, yr.) NOU. 3, 1871	and that I last saw h	-
8. AGE: Years Mooths Days It less than one day	A	
73 4 11	Chr. Myrandis	
9. Birthplace (Town, gounty, and state)	Due to	
10. Usual occupation Orich mass.	Due to	
11. Industry or business	949 to	
E 12. Name I pase C. Herry E 13. 8 Irthplace Derlin md.	Dither conditions	
\$ 13. 8 Irthplace Berlin ms.	(Include pregnancy within 3 months of desth)	
14. Maideo oame William Quia morris  15. Birtholace Gerlining	Majur fiedings of operations.	
9 15. Birthplace Cerlin md.	Date of op.	
18. Interment Mrs. Do ase C. Harry	Autopsy results	
Address Berlin md	PHYSICIAN: Please underline the cause to which death should be charged statistically.	-
17. Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide	
XI Pari		,
Cemetery or crematory	Where did injury occur?	
Location D. Alice Co. 21 - 2	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18. Funeral director trankling (3 Mill:	means or injury injured at work?	
Address Sales Lung med	23. SIGNATURE Chas R. Jaw	
19. 4-6- 19. HS The A. Haywar Eggistrar	Address Balin M. D. or other  Address Balin M. D. Date signed M. S.	45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

APR 24 1945 BUREAU V.S.

PLEASE

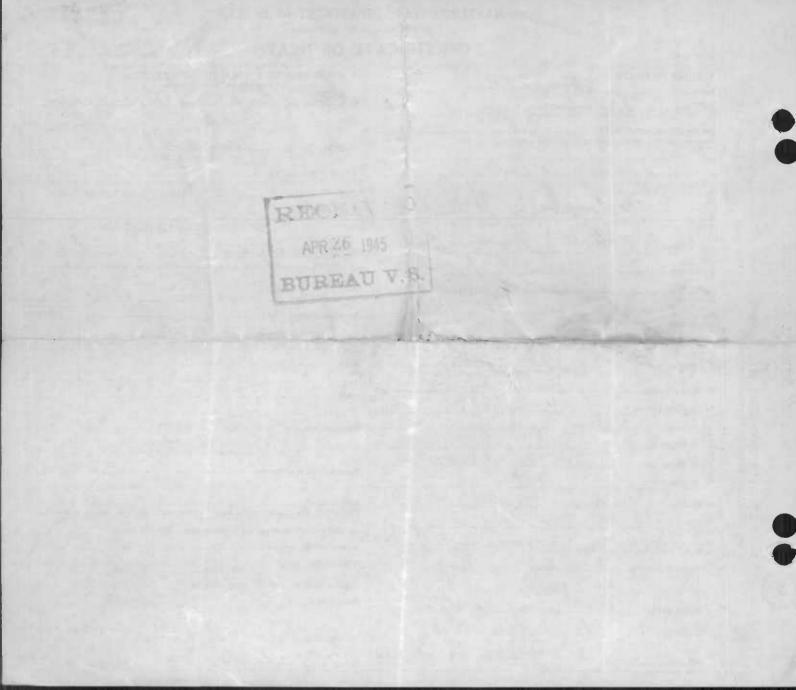
VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

04344

CERTIFICAT	TE OF DEATH Reg. Dist. No. 355
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Set 5. Color optace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8. (b) Name of husband or wife	20. DATE DF DEATH  21. I CERTIFY that death occurred on the date above stated; that lattended deceased from  19
9. Birthplace	Due to.
11. Industry or business  12. Name	Other conditions All All All All All All All All All Al
16. Informant Address  17. (Burlai, crenation, or removal, Which)  Date thereof (month) (duy) (year)	Autopsy results
Location Mulipully not.  18. Funeral director. M. Kasha Matson.	Where did injury occur? (City or town) (County) (State)  Injured at home, tarm, industry, public place (where?)  Means of injury Injured at work?
19. 4-11- 19. Opto rec'd by registrar) 19. CDate rec'd by registrar) 19. Registrar	23. SINATURE Hank J. Lewes M. D. or other  Address Hulards M. Date signed 4 1-45



. The correct age legibly.

PLEASE WRITE

A15 VS

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Workstry	State manyland county Transcentis
City or town	State County
How long in above place of death? I be upus.	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or etreet address where death occurred:	Street No. Walnut
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
many Catherine Payne	
4. Sex   5. Color or race   6.(a)Single, married, withowed, or divorced	MEDICAL CERTIFICATION
Fremale white married	20. DATE OF DEATH 20 1945 . 01 2 80 4 h
Thomas I. Pame	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
6.(b) Name of husband or wife	West 25 1865, 10 0 1845
7. Birth date of	and that I last saw handlive on 19
deceased (mo., day, yr.) September 1 d, 1866	Immediate cause of death
8. AGE: Years Months Days If less than one day	Core Block
78 7 18hrsmln	
Pocomoke City Worcester, md	/- Due to
8. Birthplace	
10. Usual occupation. Nouseule	Due to.
11. Industry or business	
	Other conditions
12. Name Police Predden	
	(Include pregnancy within 8 months of death)
14. Malden name Sallie y. Tarr	Major findings of operations.
2 15. Birthplace Md.	Date of op
16. Informant Thomas J. Payne	Antopsy results
D hit L.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address occurate city has 3, 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date threo1 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Goodwill	Where did injury occur?
Comercial of Commercial Commercia	Injured at home, farm, Industry, public place (where?)
Location J acourage and June 1	Means of injury injured at work?
18. Funeral director margartte 7. walson	means of infart
Address Pocomolee city, and.	1 Carleton
m 2 1- 10 5 9/1+	23, SIGNATURE M. D. or other
19. (Date rec'd by registrar)  (Date rec'd by registrar)  Registra	Address Signed 5 7 455



MARGIN RESERVED FOR BINDING

VS A15

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04	3	4	6	

CERTIFICAT	E OF DEATH Reg. Diat. No. 355
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  County  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
DAVID HENRY PITTS	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MIALE COLORED SINGLE	MEDICAL CERTIFICATION  20. DATE OF DEATH. C. J.
8.(6) Name of husband or wife  7. Birth date of deceased (mo., day, yr.) DEC. 25, 1925  8. AGE: Years Mooths Days If less than one day 8 hrs. min.  9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  19
18, Informant EDXX ARD P, TTS  Address BERLIN, NDR. F.D.  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory ST. PALLS  Location BERLIN, ND R. F.D.  Location ST. PALLS	Autopay results
18. Funeral director. Stranklin B. Address  19. #-5- (Date rec'd by registrar)  19. #-5- (Date rec'd by registrar)	Means of injury  tnjured at work?  23. SIGNATURE  M. D. or other  Address.  Address.  Date signed.

APR 24 1945
BUREAU V.S.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /30

### CERTIFICATE OF DEATH

04347 . No. 355 Reg. Dist. No. .....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County World W.	(For nowborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mayland County No.
How long in above place of death?	City or lowe
How long in above place of death?	(If oddende city of town innites, write represent and give nearest town)
The property of the control of the c	Streel No
How Jone to hospital or institution?	2(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John albert turnell	/
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male coored married.	20, DATE OF DEATH. (2) 1 10 19 45 21 M
Oda Pursuell.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of hisband or wife.	Tepre 10 18 45 10 apr 16 18 40
7. Birth date of	and that last caw h Maitre on a parel & 19 40
deceased (mo., day, yr.)	
8. AGE: Years   Months   Days   tiless than one day	Immediate cause of death
about 56 min.	A
30-	nestrile
9. Sirthplace	Ove to.
10. Usuat occupation	Due to
11. Industry or bosiness	
12. Name of the Pursull.	Other conditions
12. Name Puriling 13. Birthplace Manual	
M (2) 1 21 1	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of uperations
14. Maiden name. Maryland.	Date of op.
16. Informant Ida Purilo.	Antopsy results
Carles M. P. F. D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Security of Co.	22. VIOLENCE: If death was due to external causes, tilt in the following:
(Burial, cremation, or removal, Which?)  Date thereot (modth) (day) (year)	Accident, suicide, or homicide
	poolability databased of months and an analysis of the second of the sec
Cemetery or crematory All and Call	Where dld injury occur?
Location Gerlin Mod-	Injured at home, tarm, industry, public place (where?)
R. A. Busha	Means of Injury Injured at Work?
18. Funeral director.	120:00 1 f 1 1-16
Address Berlin Ing	Cofford & Uspoll
4-18 115 Malan & Danie	23. SIGNATURE. M. D. or other
(Date rec'd by registrar)	Address Abelia Medite signed 4-17-45

RECEIVED

APR 24 1945

BUREAU V.S.

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bio

### CERTIFICATE OF DEATH

04348

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town (If outside city or fown limits, write RURAL and give nearest town)	State Afficial for the County of Afficial States
How long in above place of death?	City of town 1 town 1 town limits, wate RURAL and give nearest town)
	Sireet No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME alhed a Shreebler	3. (b) Social Security Number  Nullian January
4. Sex 5. Outs of race 8. (a) Single, married, withowed, or disorced	MEDICAL CERTIFICATION  20. DATE OF DEATH 1945 at 10 46 M
8.(b) Name of husband or wife Holsonich Shillickley	21. I CERTIFY that death occurred on the date above stated: that I attended deceased trom
S.(c) If alive, give ago	aplil 1 19 4-5 to appril 4 19 4-5
7. Birth date of deceased (mo., day, yr.) (1100 - 15 - 1872	and that I last saw h. Last alive on
8. AGE: Years Months Days It less than one day hrs. min.	Immediate cause of Jeath  Cusperatury paralesia 5 min
9. Birthplace Susmille Manual	Due to Cerebral Vaseula acudut tolay
10. Usuat occupation Officialization	Due to Hyperdeneme Cuchomach 5 45
11. Industry or business	I seval Olivare
12. Name Delity Thay  13. Birthplace Manufant	Other conditions
H 14. Maiden name MMBMMMMM  15. Birthplace A A M	(Include pregnancy within 3 months of death)  Major findings of operations
15. Birthplace / / 1 / 10 M	Date of op.
18. Informant Iblastifil a. Whackley	Autopsy results.
Address I was Will mo Rusel # 2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Value Stella	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17. (Burial, cremation, or removal. Which?)  Date thereof Affiliation (month) (play) (year)	Accident, suicide, or homicide
Cemetery or crematory. Muligal Muse	Where did injury occur?
Location Sway Poll My Dund	Injured at home, farm, industry, public place (where?)
Min X)' '/	Means of Injury Injured at work?
18. Funeral director of the state of the sta	()1 +1 + m. mo
Address Swow Palli, My	23. SIGNATURE. Agas (a. ) (a. ) (b. ) or other
19. (Date rec'd by registrar)  Registrar	Address Call Will Made signed 4/4/45

APR 23 1945 BUREAU V.E.

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Sunnly every item of information carefully. The correct age is especially important. Physicians: place write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

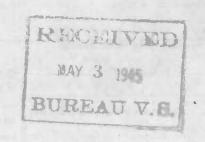
2411 N. Charles St., Baltimore



14349 Reg. Diat. No. 357

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: Man Control	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State of the State of Sounty All Control of the State of
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	
C	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
S. (a) FOLL NAME	3. (b) Social Security Number
I hances M. mars	1 Mone
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jumale Water Married,	20. DATE DE DEATH. (1811) 30 19 45 21 / 13
6.(b) Name of husband or wife Assie W. Short	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
20	04 P 21 18 U to 09 8 7 20 19 43
7. Birth date of	and that Vlast saw h D alive on A 17 29 199
deceased (mo., day, yr.) 4 10/19/3	Immediate cause of death.
8. AGE: Years Months Quys It less than one day	my rearded diguination,
3/ / /4hrsmin.	M teart water
a Markallton Welgennel	Due to
8. Birthplace (Town, county, and state)	Due to
10. Usual occupation Aauserwife	
11. industry or business \ Own Home	Due to
81	
12. Name Dugues 13. Birthplace Duguess 8	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
E 14. Malden name Walsword	
15. Birthplace	Major findings of operations
Ma leaving We Hope to	Date of op
16. Informant	Autopsy results
Address My My Muse H	
17 Buried Date thereof May 3/45	22. VIOLENCE: If death was due to external causes, fill in the following;
(B) rinl, cremation, or removal, Which?) (month) (dge) (year)	Accident, suicide, or homicide
Cemetery or crematory LIM Should	Where did injury occur?
Aderlies mot	Injured at home, farm, Industry, public place (where?)
Location L. Assignation	Means of Injury tnjured at work?
18. Funeral director. A. fall Mills of Manual S. f.	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Address Snow Well Ma	The holder m. I.
Still 45 PEP Sinth	23. SIGNATURE 10 M. D. or other
19. (Date red'd by registrar) Registrar	Address Duow Tell Me Date signed 571/45



PLAINLY, WITH UNFADING INK. Supplis especially important. Physicians: please

PLEASE WRITE

(Date rec'd by registrar)

A15 NS

### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

### 2411 N. Charles St., Baltimore 840

14350 Reg. Diat. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County War as La	(For newborn infants give residence of mother)
City or town (If ontside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and givn nearest town)
How long In above place of death?	
	(If rural, give LOCATION)
How long in hospital or institution?.	2.(a) If veteran, name war
3. (a) FULL NAME	
Excelt Le Roy Smith	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, marged, widowed, or divorced	MEDICAL CERTIFICATION
male colored surgle.	20. DATE DE DEATH Spril 3 19 41 nt M
B.(6) Name of husband or wife	21. I CERTIFY that death accurred on the date above stated; that Lattended deceased from
	march 1 19 45 10 404. 3 19 40
T. Birth date of Second	and that I last saw h Lm alive on appl, # 1940
deceased (mo., day, yr.) ally 5, 1941	Immediate cause of death & Postern
8. AGE: Years   Months   Days   If less than one day	Conglital mental Life
3 8 28hrsmin.	Condition not
Busham Walder Co mal	avartles down nove
9. Birthplace (Town, county, and state)	t all disking
1D. Usual occupation.	The state of the s
	Due to.
11. Industry or business	
12. Name CV CO C	Dther conditions
13. Birthplace Seeling Ma.	(Include pregnancy within 3 months of death)
14. Maiden name Des Ter desser.	
15. Birthplace Berlin and.	Major findings of nperations.
13. Birinpiace	Date of op.
18. Informant No Dunch	Antopsy results
Address (Seeling Mrd	
1 3 2 2 2 4/5/45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bnrial, eremation, or removal, Which?)  Date thereof (month) (dny) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Pauls.	Where dld injury occur?
B. I in	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury- Injured at work?
18. Funeral director Granklin 3 July	means of inforty.
Address Salisbury Mrs.	Oleford & Chall
4 C 112 delle 4 de	23. SIGNATURE M. D. or other
19. The country of th	Address Date signed 4 - B - 4)

Registrar | Address

APR 24 1945 BUREAU V.S.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 5

### CERTIFICATE OF DEATH

04351 Reg. Diat. No. 355

1. PLACE OF DEATH: County WORCESTER	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
	State Maryland County Worcester
City or town (If outside city or town limits, write RURAL and give nearest town)	(B) 1 -
How long in above place of death? 46 Means.	(if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occupred:	Street No.
***************************************	(If rnral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sarah Cruily Smith.	
4. Sex 5. Color or race 6. Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white single.	2D. DATE DE DEATH DANK 8 19 45 at 6 1. M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	march 15 1845 10 Cyaril 8, 1845
7. Birth date of years	and that I last saw h. Anallye on
deceased (mo., day, yr.) 700, 27, 1864	Immediate cause of death Mayor as Station Chammer DURATION
8. AGE: Years Months Days If less than one day	3442 >
8-0 4 11min.	9.72
8. Birthplace Doutta Wismus Co- md. (Town, county, and state)	Due to
2/11/2/2/2/	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Hamfton H. Suith	Dither conditions additions and anglet
13. Birthplace many and.	(Include pregnancy within 3 months of death)
14. Maiden name Carally Dunns,	Major findings of operations.
15. Birthplace maryland	Date of op.
20 7 10 10 10	
18. Informant	Antopsy results
Address Seith ond,	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide
5	
Cemetery or crematory.	Where did injury occur?
Location Berlin, Dr. J.	Injured at home, farm, Industry public place (where?)
18. Funeral director Financelin B. Jul	Means of Injury Injured at work?
Address Salisbury med.	23. SIGNATURE FRANK P. Lems S. A.
11-11- 145 MOON F. JANUARY	M. D. or other
(Date rec'd hy registrar)	Address Willards md. Date signed 4/11/45

APR 24 1945 BUREAU V.S.

VS A15



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baftimore 92

### CERTIFICATE OF DEATH

Rev.	Dist.	No.	301
()	43	5	4 ~

1. PLACE OF DEATH:  County  City or town  (If outsido city or town limits, write RURAL and give nearest town)  How long in above place of death?  Rospital, institution, or sireet address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME  4. Sex   5. Color or race   6 (a) Single, married, widowed, or divorced	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
Trual White truglo!	2D. DATE DF DEATH. 6 7 /8 19 5 at 2 145 6, M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	19
deceased (mo., day, yr.) 28 1919  8 A.E. Years   Months   Days   If less than one day	Immediate cause of death
8. AGE: Years Months Days If less than one day	Butes regurallation
The state of the s	0 most 30 yr.
9. Birthplace (Town, county, and state)	Bue 16.
10. Usual occupation Tousewort	Due to
11. Industry or business	
12. Name 12.	Differ conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Laury Costumic Availey  15. Sirthplace Suow Sur.	Major findings of operations
5- ( ) 50 8- 6	Date of op
18. Informant Day 9	Autopsy results
Address show fill. Mad	22. VfOLENCE: If death was due to external causes, till in the tollowing;
Burial, cremation, or removal, Which?)  Date thereof Continue (month) (ghy) (year)	Accident, suicide, or homicide
Cemetery or crematory Comments Comments	Where did injury occur? (City or town) (Connty) (State)
Location State Milk Milk	Injured at home, farm, industry, public place (where?)
18. Funeral director Alame + Dunnis	Means of Injury Injured et work?
Address Annu DIB MO	Pur Prime Del Dry Euram
19	23. SIGNATURE WALL AND OF SIGNATURE AND OF SIGNATURE AND Date signed 1/8 UJ

APR 23 1945 BUREAU V.S.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING

V. S. No. 1

	CERTIFICATE OF DEATH 04353
1. PLACE OF DEATH	159
County Was County	Registration Dist. No. 350
Village or City (1	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred:yrsmos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME	ull
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That lattended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h 2 alive on 2 , 19/16; deeth is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Deys If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Precedence beatle
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME	
12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of importance:
E 13. NAME Shee feech	•
14. BIRTHPLACE (city or town) Percentage but	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT See CELL (Address) Le CELL	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place Dall's Datel Cem. Date April 24, 1945	Manner of injury
19. UNDERTAKER Dra Duell (father) (Address) Jacamake Lite Man	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20, FILED April 24, 194.5 An un E Thite Registrar.	(Signed) M. D.
If more blanks are needed address State Projection	N Chalasta Palina Para Taran

### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	5 22 3	: - []	Example II	
The principal cause of death and r of importance were as follows:	elated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR Z	19915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	I STIRE	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE

VS A15



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 164 a)

### CERTIFICATE OF DEATH

Reg. Diat. No. 357

1. PLACE OF DEATH: Worcesta	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County Newar Must # 1	State Treary and County Workerler	
(If outside city or town limits, write AURAL and give nearest town)	City or town Thuwark Bunal #1	
How long in above place of death?	(If outside city or town limits, write BURAL and give nearest town)	
nospier, institution, or street audices music users occurred.	Street No.	
How long to hospital or institution?	(If rural, give LOCATION)  2.(a) It veteran, name war.	
3. (a) FULL-NAME		
Stauly 6. Full	3. (b) Social Security Number M. S. Josephant Front Mills	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male while married	20. DATE OF DEATH 27. 21 1945 at 6.30 a m	
6.(b) Name of husband or wife Lucy & Tull	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(c) It alive, give age 5 9 years	19	
7. Birth date of deceased (mo., day, yr.) Succ 13 - 18 72,	and that I last saw halive on	
8. AGE: Years Months Days It less than one day	Immediate cause of death Duration due 100 DURATION	
62 4 Smin.	Lauring - Suicide -	
9. Birthplace (Town, county, and state)	Due to	
( an figure to the		
10. Usual occupation.	Due to	
11. Industry or business		
12. Name	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name A ell's Torres.	Major findings of operations.	
2 15. Birthplace Newar his	Major industry in aperausa.  Date of op.	
18. Informant Turo Stauly July	Autopsy results	
Address Tuwar. My	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
(Built 23/1/5	22. V10LENCE: It death was due to external causes, fill in the tollowing;	
(Byrial, cremation, or romopol. Which?)  Date thereof. (Month) (day) (year)	Accident, suicide, or homicide.	
Cemetery or crematory.	Where did injury occur? Wwark Wovastus / Md. (City or town) (County) (State)	
Location Mewants: Wed.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Algame & Danne	Means of Injury Lauring Injured at work? Tho	
The M Sm N	Of Pire Ala	
Address Swow Will Mily	23. SIGNATURE JULY Dub. M. D. or other	
19. (Date rec'd by registrar)	Address Drow Sep M. Date signed 4/21/45	

